Teacher Recommendation Request Form

Student: Fill out this form completely. This form should be given to the teacher you are requesting to write you a recommendation.

Give teachers two-weeks notice to write the recommendation.

Student Name: _____

Date of Request: _____

Name of Teacher: _____

Name of College/University/ Scholarship	If you want the teacher to mail it: write down the address Or write: give to the Counseling Office	Application Deadline Date	Are you using the Common Application? If so, the teacher will receive an electronic request form also	For Teacher Use: Date Letter Sent to college or Counseling Office

Teachers, you are welcome to give the Counseling Office a signed, generic recommendation letter to have on file.

◯Use generic letter on file (if we already have one for you)

Teacher Signature: _____

Date: _____